# L13000161134

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## **COVER LETTER**

	legistration Se Pivision of Cor			
CI:DIECT		O MASSAGE LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		KEVIN G PRIBRAMSKY	,	
			Name of Person	
		PRIBRAMSKY & COMP	ANY, CPAS	
			Firm/Company	
		1010 KENNEDY DRIVE,	SUITE 201	
			Address	
		KEY WEST, FL 33040		
			City/State and Zip Code	·
		INFO@MILEZEROMASS	AGE.COM	
		E-mail address: (	to be used for future annual report notifi	cation)
For further	r information co	oncerning this matter, please ca	all:	
RICHARI	D LIGHT		305 393-3807 at ( )	
	Name of	Person	at ()	Telephone Number
Enclosed i	s a check for th	e following amount:		
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ity Company as it now appears on our record la Limited Liability Company)	<u>ls.</u> )
Company were filed on 11/15/2013	and assigned
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nited liability company here:	
nited Liability Company," the designation "LLC	2" or the abbreviation "L.L.C."
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stered office address on our record lress here:	s, enter the name of the
Enter Florida atresa selden	
, Fl	orida Zip Code
	Company were filed on 11/15/2013

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ERIN LAWRENCE	P.O. BOX 07414 FORT MYERS, FL 33919	Add
		<del></del>	□ Remove
	ROBERTA LAWRENCE	P.O. BOX 07414	Change
MGR	ROBERTA LAWRENCE	FORT MYERS, FL 33919	Add
			□ Remove
			- Add
			□ Remove
		<del></del>	
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			Change
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		<u>-</u>	🗆 Change

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Typed or printed name of signee

Filing Fee: \$25.00